2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N26217

1. Entity Name
OLD CUTLER SPRINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD 750 CORAL GABLES, FL 33134	2801 PONCE DE LEON BLVD 750 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0106181
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUSSKIND, HOWARD S
2801 PONCE DE LEON BLVD
SUITE 750
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000531389
05/06/06-80037-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUSSKIND, HOWARD S
STREET ADDRESS	2801 PONCE DE LEON BLVD, #750
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DD
NAME	TARG, ROBERT
STREET ADDRESS	5735 SW 130 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DD
NAME	DAVIS, BARRY
STREET ADDRESS	5725 SW 130 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____ 4/21/06 (305)529-280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #